

Below are several bits of HIPAA e-news. Many thanks for all who shared information!!!  
Enjoy!  
Ken

EDS Toolkit presentation on Feb. 14  
Gartner Group - HIPAA COMPARE, Alternative Approaches, etc - SEE ATTACHMENTS  
[hipaalive] RE: PRIVACY: authorization forms  
[hipaalive] Re: PRIVACY: authorization forms  
[hipaalive] Re: PHYSICIAN SIGNATURES ELECTRONIC/ REGULAR SIGNATURE  
Sacramento BEE: Both sides slam Clinton health privacy rules  
Request for changes to transaction standards required to comply  
[mh-hipaa] Some info and concerns from public health

\*\*\*\*\* Re: EDS Toolkit presentation \*\*\*\*\*

>>> Ken McKinstry 01/29/01 11:12AM >>>

EDS staff will present the EDS HIPAA Toolkit for assessment, security and privacy on February 14, 2001. The presentation will be given in the Auditorium at 744 P Street in Sacramento, from 1:30 to 3:00. The presentation will give attendees a view of the EDS Toolkit, and the steps and processes involved in a HIPAA Project.

Please contact Cindy Garrett at 916-636-1238 or via e-mail at [cynthia.garrett@eds.com](mailto:cynthia.garrett@eds.com), if you have questions or need information.

\*\*\*\*\* [hipaalive] Re: PRIVACY: authorization forms \*\*\*\*\*

>>> [tom.hanks@beaconpartners.com](mailto:tom.hanks@beaconpartners.com) 02/10/01 11:49AM >>>

1) It is very clear in the Privacy rule that HIPAA authorizations must have an expiration date. You may be confusing "authorization" with "consent". "Consents" do not expire. However, both consents and authorizations may be revoked in writing.

See page 82518

"...Fourth, the authorization must state an expiration date or event. This expiration date or event must either be a specific date (e.g., January 1, 2001), a specific time period (e.g., one year from the date of signature), or an event directly relevant to the individual or the purpose of the use or disclosure (e.g., for the duration of the individual's enrollment with the health plan that is authorized to make the use or disclosure). We note that the expiration date or event is subject to otherwise applicable and more stringent law. For example, the National Association of Insurance Commissioners' Insurance Information and Privacy Protection Model Act, adopted in at least fifteen states, specifies that authorizations signed for the purpose of collecting information in connection with an application for a life, health, or disability insurance policy are permitted to remain valid for no longer than thirty months. In those states, the longest such an authorization may remain in effect is therefore thirty months, regardless of the expiration date or event indicated on the form. ..."

2) Witness to signature is not a required component of a HIPAA authorization -

I hope this helps,

Thanks,

Tom Hanks

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\*\*\*\*\* [hipaalive] RE: PRIVACY: authorization forms \*\*\*\*\*

>>> [tom.hanks@beaconpartners.com](mailto:tom.hanks@beaconpartners.com) 02/10/01 11:37AM >>>

- 1) Consents are valid forever - or until revoked in writing.
- 2) Authorizations must have an expiration date or event.

Thanks,  
Tom Hanks  
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\*\*\*\*\* [hipaalive] PHYSICIAN SIGNATURES ELECTRONIC/ REGULAR SIGNATURE \*\*\*\*\*

>>> [totentsecsol@hotmail.com](mailto:totentsecsol@hotmail.com) 02/13/01 09:28AM >>>

Patty,

You have sent 3 message on this subject. You need to take a course on digital signatures. You need to know what a Certificate Authority (CA), X509, etc is and how it plays a part in digital signatures. Encryption also get involved. You need to go to [www.NIST.gov](http://www.NIST.gov) web site there you will find federal standards on Digital Signature, etc.

Good Luck - Walt

\*\*\*\*\* Both sides slam Clinton health privacy rules \*\*\*\*\*  
From the Sacramento BEE - 2/12/01:

Both sides slam Clinton health privacy  
rules

By Lawrence M. O'Rourke  
Bee Washington Bureau  
(Published Feb. 12, 2001)

WASHINGTON -- Officials of the health insurance industry, among the biggest backers of George W. Bush's White House campaign, are pressuring the new president to roll back privacy rules for patient medical records announced by Bill Clinton during his final days in office.

On the other hand, some privacy advocates, including freshman Sen. Hillary Rodham Clinton, D-N.Y., contend that the former president did not go far enough in safeguarding patients against the unauthorized use of their personal health records.

The new rules, scheduled to go into effect after a two-year preparation period, will give patients more control over their medical records and will expose insurance companies, hospitals, pharmacies and others to criminal and civil penalties if they release a patient's information without consent.

Among those who have obtained such information in recent years are employers making hiring or promotion decisions, life insurance companies and mass marketers that target people with identifiable physical and mental conditions for direct-mail pitches.

A Bush administration source said Friday that the president is concerned about the erosion of patient privacy, but he also is concerned that the new rules might raise health care costs and hamper medical research.

Insurance officials have asked Secretary of Health and Human Services Tommy Thompson, as one of his first official acts, to scrap the Clinton rules and write a different set of Bush-era privacy regulations that would go into effect five years or more from now.

Industry officials are also working with their allies on Capitol Hill to block the rules. But Congress is unlikely to interfere, according to Senate Health Committee staff members.

The health insurance industry says it will be forced to hire and train additional employees to comply with the Clinton rules, which, it says, will also require new technology and create confusion for hospitals, medical personnel, employees and insurance companies.

All this could cost at least \$22.5 billion over the next five years, said John Houston, information systems manager for the University of Pittsburgh Medical Center. He rejected an assertion by former Health and Human Services Secretary Donna Shalala that the rules will save the industry \$30 billion over 10 years through the use of new equipment and uniform

procedures.

"The new rule will still be exceedingly costly for hospitals, many of which are struggling financially," Houston said. "The privacy rule represents yet another unfunded federal mandate that hospitals must absorb."

Industry critics also contend that the Clinton rules will hamper medical research and hurt patients who might be denied the care they need. Fearing possible sanctions, medical facilities might well "lock down their archives and refuse to make them accessible for research of any kind," said G. Richard Smith, professor of psychiatry and medicine at the University of Arkansas.

But Sen. Paul Wellstone, D-Minn., said strong privacy rules will encourage more people with psychiatric problems to seek professional help. Wellstone said many of the mentally ill avoid treatment because they fear their problems will be revealed to employers and even their neighbors.

Effective privacy rules will encourage women who are victims of domestic violence to seek help, said Judith Lichtman, president of the National Partnership for Women and Families. "Inappropriate disclosures can threaten their personal safety and that of their children," she said.

At the same time the rules are under attack from the health insurance industry, privacy advocates said the Clinton rules may not have gone far enough in keeping medical records secret.

Among the critics is first-term Sen. Hillary Clinton. She said she finds the rules written during her husband's administration "very troubling." As the junior member of the Senate Health, Education, Labor and Pensions Committee, Clinton expressed concern that the rules will allow marketers of health products and groups soliciting funds for medical programs to discover the identities of people with specific conditions and target their messages to them.

Clinton added that it is "absolutely necessary" to get tough privacy protections rules in force "as soon as practicable."

Sen. Patrick Leahy, D-Vt., said the Clinton administration rules do not give patients the right to sue health insurance companies, hospitals and others who reveal confidential health records.

According to Leahy, the administration wrote new privacy rules only because Congress refused to act after "intense pressure from special interest groups."

The rules announced by Clinton in his final days are set to take effect Feb. 26, with a built-in two-year waiting period to allow health care providers and insurers to put new systems in place.

Sen. Patty Murray, D-Wash., said smaller health care providers have told her it will be difficult to comply with the new rules within the two-year time frame.

Under the new rules, "Patients will enjoy new privacy rights, and providers, plans, researchers and others will have new responsibilities," said Leslie Aronovitz, a health care director for the U.S. General Accounting Office.

The rules will give patients the right to view and copy their medical records, request that their records be amended and obtain a history of authorized disclosures.

Patients will receive written notice of the privacy practices of their health care providers and insurance company. If patients feel their privacy has been violated, they will be able to file a complaint with the Health and Human Services civil rights office. Violators will be subject to criminal and civil penalties.

Health care providers must obtain written consent from patients to use or disclose protected health information for non-emergency treatment and payment.

Sen. James Jeffords, R-Vt., the Health Committee chairman, said he and Sen. Edward M. Kennedy, D-Mass., are trying to find out if the Bush administration plans to scrap or follow the Clinton rules. Health committee

aides said there is virtually no chance that Congress will either interfere with the Clinton rules or strengthen federal privacy law.

A spokesman for Thompson said Friday that the former Wisconsin governor is studying the health care industry's request for a delay. In appealing to Thompson, health insurers used an argument often criticized by congressional Republicans who advocate states' rights over a single federal standard. The Clinton rules are defective because they do not pre-empt all state privacy rules, health insurance officials said.

Legislation in Hawaii, similar to the Clinton rules, caused delays in disease reporting that "could have caused dozens of people to be exposed to serious and even life-threatening illnesses," said Charles N. Kahn III, president of the Health Insurance Association of America, a trade group.

"It will be unclear whom to call for resolution on specific rules -- HHS or the states -- and this lack of clarity will lead to more telephone calls, more steps, and more hassles for everyone," said Robert Heird, a spokesman for Blue Cross and Blue Shield.

White House chief of staff Andrew Card said a review of last-minute rules announced by the Clinton administration would not apply automatically to the privacy regulations because they were announced under a congressional requirement that the Health and Human Services Department act on privacy issues.

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\*\*\*\*\* Re: Request for changes to transaction standards required to comply \*\*\*\*\*

>>> Bill Braithwaite <[BBRAITHWAITE@OSASPE.DHHS.GOV](mailto:BBRAITHWAITE@OSASPE.DHHS.GOV)> 02/13/01 03:22PM >>>

In response to comments from the National Committee on Vital and Health Statistics (NCVHS) and the Insurance Subcommittee of Accredited Standards Committee X12, the Department of Health and Human Services (DHHS) may consider adopting a "modification" to the final HIPAA Electronic Transactions rule by 16 October 2001 {45 CFR 160.104 (b)}.

In support of this activity, certain requested changes to the X12N Implementation Guides will be considered. To be considered, change requests must:

(a) be a "modification" -- and not "maintenance" -- that is "necessary to permit compliance with the standard or implementation specification,"  
and

(b) be received by the Designated Standards Maintenance Organizations (DSMO) Change Request System ([www.hipaa-dsmo.org](http://www.hipaa-dsmo.org)) no later than 28 February 2001.

To eliminate volume which may occur from duplicative requests, potential submitters are strongly urged to search the Change Request System database for previously existing similar requests. Requests which are duplicates should be avoided. Additionally, requests that do not meet criteria (a) are requested to be submitted at a later date. The unpaid "industry volunteers" who will be reviewing received requests only have a constrained amount of time, and excess volume may cause necessary change requests to be deferred should available review time be exceeded.

Dave Feinberg  
Co-Chair, HIPAA Implementation Work Group  
Insurance Subcommittee (X12N)  
Accredited Standards Committee X12

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